

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">101593,361</div>	FILING DATE <div style="font-size: 1.2em;">09-19-06</div>
							APPLICANT(S)	
11-29-01 CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3		1						
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24		1						
25		1						
26		1	Canceled					
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28				1		1		
29				1		1		
30				1		1		
31				1		1		
32				1		1		
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TOTAL IND.	1		1		1			
TOTAL DEP.		28		11		10		
TOTAL CLAIMS		29		12		11		
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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97								
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

PTO - 1360 (REV. 11/04)

Barbara Campbell, PCT National Stage

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